POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	B H	864	1- 15-01
RESPONSE FORMALITY REVIEW	Sieg	827	01-30-02

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim (Final / Original)	Date			Claim (Final / Original)	Date	Claim (Final / Original)	Date
	01 22 02	02 28 03	03 22 03	51		101	
1	v	v	v	52		102	
2	✓	v		53		103	
3	v	v		54		104	
4	✓	v		55		105	
5	v	v		56		106	
6	v	v		57		107	
7	v	v		58		108	
8	v	v		59		109	
9	v	v		60		110	
10	v	v		61		111	
11	v	v		62		112	
12	v	v	v	63		113	
13				64		114	
14				65		115	
15				66		116	
16				67		117	
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18				69		119	
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41				92		142	
42				93		143	
43				94		144	
44				95		145	
45				96		146	
46				97		147	
47				98		148	
48				99		149	
49				100		150	
50							

If more than 150 claims or 10 actions
staple additional sheet here

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